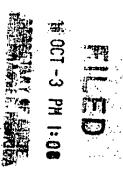
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: L. SELLERS OCT -\$\bar{\bar{\bar{\bar{\bar{\bar{\bar{				
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Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE S. O. L. PIZZACIA LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fcc(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES D. SPARKS
Name of Person
Firm/Company
1795 LAKEVIEW VILLAGE DR
BRANDON, FLORIDA 33510 City/State and Zip Code
BRANDON, FLORING 33510 City/State and Zip Code JIMBO - SOARES 10 a MAIL - COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAWES D. SPACES at (813) 356-9546 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	E I	۱ – ۱	Nam	e:

The name of the Limited Liability Company is:

THE S.O.L. PIZZARIA LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1795 LAKEVIEW VILLAGE DR	1795 LAKEVIEW Village ON
BRANDON FL	BRANDON, 12
33570	33510

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

TAMES D. SPARKS

Name

1795 LAKEVIEW VI Age DR

Florida street address (P.O. Box NOT acceptable)

BRANDON FL 33510

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (R/QUIRED)

(CONTINUED)

Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	CHENE LEAL 15130 SPRINGUIEW ST. TAMPA, FL 33624
MGRM	JAMES SPARKS 1795 LAKEULEW VILLAGE DR BRANDON, FL 33560
 	
(Use attachment if necessary) ARTICLE V: Effective date, if other than (If an effective date is listed, the date musto or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance with section constitutes an affirmation u I am aware that any false in	mber or an authorized/representative of a member. 608.408(3), Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State ellony as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)